



Inflammation and Infection

Gastrocystoplasty and Hematuria-dysuria Syndrome. What Role Plays Helicobacter Pylori? Case Report and Literature Review



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ABSTRACT

49 years male, who comes to the urology department, complaining of 8 months of lower abdominal pain, burning and oppressive type, of variable intensity reaching 9/10, which is occasionally exacerbated by urination, associated with intermittent gross hematuria, dysuria, refers no fever at any time. Patient with past medical history of bladder and right kidney Tuberculosis (TBC) 25 years ago, treated with a simple right nephrectomy and bladder augmentation with antrum segment of stomach, for low bladder capacity. Never showed any symptom during those 25 years lapsing time

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Introduction

The use of gastric segment for bladder reconstruction, was first described by Sinaiko in dogs and later described in humans by Leong, however, this was actually widely accepted for clinical use, after the work presented by Adams in pediatric population.¹

Initially, its main indication is limited to patients with renal failure, metabolic acidosis, or short bowel syndrome. But eventually the process was gaining ground and started using in neurogenic cases for urinary diversion and/or neobladder for bladder cancer, bladder augmentation and management of low capacity bladders secondary to various diseases such as tuberculosis, reconstruction of the urinary tract and bladder extrofias, posterior urethral valves, epispadias among others.²

Case presentation

49 years male, who comes to the urology department, complaining of 8 months of lower abdominal pain, burning and oppressive type, of variable intensity reaching 9/10, which is

occasionally exacerbated by urination, associated with intermittent gross hematuria, dysuria, refers no fever at any time.

Patient with past medical history of bladder and right kidney Tuberculosis (TBC) 25 years ago, treated with a simple right nephrectomy and bladder augmentation with antrum segment of stomach, for low bladder capacity. Never showed any symptom during those 25 years lapsing time.

Hematuria work up is started with renal and urinary tract ultrasound which suggests vegetative lesions vs. intravesical polyps, cystoscopy is performed finding pseudo-diverticulum in right side lateral wall behind left upper neck, and a whitish lesion which is biopsied; no evident tumor lesions. Biopsy showed antrum tissue with mild chronic atrophic gastritis activity, positive for Helicobacter pylori and negative for metaplasia or dysplasia (Fig. 1). Patient was treated for Helicobacter Pylori with three medications scheme (Clarithromycin 500 mg/TID, Amoxicillin 1 g/BID, and Omeprazole 40 mg/OD for 10 days) and symptoms were resolved.

Discussion

The use of gastric tissue in the reconstruction of the lower urinary tract has been controversial since its first description in 1950 and its amendment in 1970; gastric tissue is mainly used as an alternative to intestinalcystoplasty (colocystoplasty or

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